

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	17.5	19			Daily	
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7.5	*****		*****	3.7	*****			Weekly	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	65.8	*****			Weekly	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12.4	*****		*****	6.1	*****			Weekly	
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.8			Daily	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8.1	*****		*****	4	*****			Weekly	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	156.3	*****			Weekly	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
W = weekly limits

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	10.2	*****		*****	5	*****			Weekly	
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	17.6			Weekly	
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.3			Weekly	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.7			Weekly	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.2	190			Daily	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****		Continuous	
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.244		*****	*****	*****	*****		Continuous	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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O = Chlorine monitoring is only required when the back-up chlorination system is used.
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.2	*****		*****	.03	*****			Daily	
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.2	*****		*****	.04	*****			Daily	
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	94	*****			Monthly	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	89	*****			Daily	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****		Continuous	
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

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PEND OREILLE RIVER
External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	16	17			Daily	
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	10.78	*****		*****	5.32	*****			Weekly	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	98.2	*****			Weekly	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18.44	*****		*****	9.1	*****			Weekly	
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.9			Daily	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	10.64	*****		*****	5.25	*****			Weekly	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	153.6	*****			Weekly	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	14.19	*****		*****	7	*****			Weekly	
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	20.4			Weekly	
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI B				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.96			Weekly	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.97	143			Five per Month	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****		Daily	
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.284		*****	*****	*****	*****		Daily	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.3	*****		*****	.03	*****			Daily	
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.3	*****		*****	.04	*****			Daily	
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	95	*****			Monthly	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	97	*****			Daily	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****		Continuous	
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
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FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	12	15			Daily	
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9.81	*****		*****	4.65	*****			Weekly	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	101	*****			Weekly	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12.87	*****		*****	6.1	*****			Weekly	
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	6.8			Weekly	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	12.13	*****		*****	5.75	*****			Weekly	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	136.75	*****			Weekly	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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DISCHARGE MONITORING REPORT (DMR)

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11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	14.77	*****		*****	7	*****			Weekly	
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	22.6			Weekly	
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.107			Monthly	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.88			Weekly	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.93	143			Five per Month	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****		Daily	
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.31		*****	*****	*****	*****		Daily	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.26	*****		*****	.05	*****			Daily	
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.69	*****		*****	.05	*****			Daily	
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	95	*****			Monthly	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	96	*****			Daily	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****		Continuous	
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER, UPSTREAM
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19			Quarterly	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	deg C		Quarterly	GRAB
Flow rate	SAMPLE MEASUREMENT	*****	.31		*****	*****	*****	*****		Quarterly	
00056 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. QTR MAX	MGD	*****	*****	*****	*****		Quarterly	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.9			Quarterly	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	SU		Quarterly	GRAB
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	22.6			Quarterly	
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.3			Quarterly	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.96			Quarterly	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Q = Surface Water Monitoring for all parameters under this report designator must start six months after the effective date of the permit. The permittee must conduct surface water monitoring in each calendar quarter of the year. Results must be reported on the DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11	12			Daily	
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.1	*****		*****	3.5	*****			Weekly	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	87.8	*****			Weekly	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11.2	*****		*****	4.8	*****			Weekly	
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.8			Weekly	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	12.8	*****		*****	5.5	*****			Weekly	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	105.2	*****			Weekly	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	27.9	*****		*****	12	*****			Weekly	
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18.2			Weekly	
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.156			Monthly	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.55			Weekly	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.38	33.6			Five per Month	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****		Daily	
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	329		*****	*****	*****	*****		Daily	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ADDRESS: 401 RAILROAD AVE
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ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.2	*****		*****	.04	*****			Daily	
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.3	*****		*****	.04	*****			Daily	
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	96	*****			Monthly	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	95	*****			Daily	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****		Continuous	
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
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12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ATTN: CHRIS CARR, PUBLIC WORKS SUPER

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PERMIT NUMBER	DISCHARGE NUMBER
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12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
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FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	9	11			Daily	
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12.89	*****		*****	5.46	*****			Weekly	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	76.49	*****			Weekly	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15.58	*****		*****	6.6	*****			Weekly	
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.7			Daily	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	20.06	*****		*****	8.5	*****			Weekly	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	103.75	*****			Weekly	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	33.04	*****		*****	14	*****			Weekly	
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	17.9			Weekly	
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.134			Monthly	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.43			Weekly	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	18.01	109			Five per Month	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****		Continuous	
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.434		*****	*****	*****	*****		Continuous	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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DISCHARGE MONITORING REPORT (DMR)

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DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.14	*****		*****	.04	*****			Daily	
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.17	*****		*****	.06	*****			Daily	
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	93	*****			Weekly	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	92	*****			Weekly	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****		Continuous	
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	10	11			Daily	
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15.69	*****		*****	6.25	*****			Weekly	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	87.33	*****			Weekly	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	16.32	*****		*****	6.5	*****			Weekly	
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.7			Daily	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	16.94	*****		*****	6.75	*****			Weekly	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	112.25	*****			Weekly	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	30.12	*****		*****	12	*****			Weekly	
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	17.9			Weekly	
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.081			Once per 4 Weeks	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.14			Weekly	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	47.82	238			Five per Month	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****		Continuous	
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.458		*****	*****	*****	*****		Continuous	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.12	*****		*****	.05	*****			Daily	
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.6	*****		*****	.09	*****			Daily	
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	93	*****			Weekly	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	94	*****			Weekly	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****		Continuous	
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	02/28/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER, UPSTREAM
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	deg C		Quarterly	GRAB
Flow rate	SAMPLE MEASUREMENT	*****	.458		*****	*****	*****	*****			
00056 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. QTR MAX	MGD	*****	*****	*****	*****		Quarterly	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	SU		Quarterly	GRAB
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18.2				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.156				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.55				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Q = Surface Water Monitoring for all parameters under this report designator must start six months after the effective date of the permit. The permittee must conduct surface water monitoring in each calendar quarter of the year. Results must be reported on the DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	10	12				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	13.45	*****		*****	5.78	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	72.66	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	17.68	*****		*****	7.6	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	20.36	*****		*****	8.75	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	155.25	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
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W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ADDRESS: 401 RAILROAD AVE
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FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	41.88	*****		*****	18	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18.9				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.114				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.07				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	107.15	308				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.417		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.2	*****		*****	.08	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.24	*****		*****	.11	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	92	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	94	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
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FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
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PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ID0020800	002-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.5	14				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	14	*****		*****	6.6	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	72	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15.13	*****		*****	6.1	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.7			Daily	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	10.1	*****		*****	8.3	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	146.7	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	39	*****		*****	19	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18.5				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.117				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.2				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	116.4	45.7				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.826		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.3	*****		*****	.05	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.3	*****		*****	.05	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	92	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	94	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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ATTN: CHRIS CARR, PUBLIC WORKS SUPER

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04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ID0020800	001-A
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MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	18	19			Daily	
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	22.6	*****		*****	4.6	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	22.6	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4	*****		*****	67.9	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.7			Daily	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8.1	*****		*****	8.5	*****			Daily	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	176	*****			Daily	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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				MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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LOCATION: 401 RAILROAD AVENUE
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ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	76	*****		*****	16.3	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	13.3				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.155				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.8				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	100.2	19.9				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****		Continuous	
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.243		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT		*****		*****	.08	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.3	*****		*****	.05	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	93	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	91	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI 9		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER, UPSTREAM
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.12				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	deg C		Quarterly	GRAB
Flow rate	SAMPLE MEASUREMENT	*****	.243		*****	*****	*****	*****		Three per Year	
00056 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. QTR MAX	MGD	*****	*****	*****	*****		Quarterly	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.5			Three per Year	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	SU		Quarterly	GRAB
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15.9			Three per Year	
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18.9			Three per Year	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.47			Three per Year	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Q = Surface Water Monitoring for all parameters under this report designator must start six months after the effective date of the permit. The permittee must conduct surface water monitoring in each calendar quarter of the year. Results must be reported on the DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
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W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	19.5	21				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.06	*****		*****	4.6	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	68.1	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.23	*****		*****	4.5	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8.76	*****		*****	5	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	185	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	10.51	*****		*****	6	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.619				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.132				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.56				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	108.6	27.9				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.21		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.34	*****		*****	.04	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.02	*****		*****	.04	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	93	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	97	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
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06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
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FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	22	23				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	102	*****		*****	3.1	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	79.7	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	110.2	*****		*****	6.1	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8.54	*****		*****	6	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	147.1	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
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07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	7.5	*****		*****	18	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.86				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.955				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.08				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.5	56.5				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.201		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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TO PEND OREILLE RIVER
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.1	*****		*****	.03	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.04	*****		*****	.05	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	96	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	97	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

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(SUBR 01)
PEND OREILLE RIVER
External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	21	22				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.7	*****		*****	11.8	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	81.5	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11.8	*****		*****	7	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	10.1	*****		*****	6	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	169.8	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	16.8	*****		*****	5.2	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.7				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.498				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.85				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	11	142				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.202		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.3	*****		*****	.04	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.04	*****		*****	.04	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	94	*****			Four per Month	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	96	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER, UPSTREAM
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	deg C		Quarterly	GRAB
Flow rate	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
00056 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. QTR MAX	MGD	*****	*****	*****	*****		Quarterly	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	SU		Quarterly	GRAB
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Q = Surface Water Monitoring for all parameters under this report designator must start six months after the effective date of the permit. The permittee must conduct surface water monitoring in each calendar quarter of the year. Results must be reported on the DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	17.6	18				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	20.2	*****		*****	10	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	80	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	20.2	*****		*****	10	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	7.3	*****		*****	10.3	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	91	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.
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W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	7.3	*****		*****	10	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.504				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.186				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.7				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	100	97.4				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.242		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ATTN: CHRIS CARR, PUBLIC WORKS SUPER

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09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.2	*****		*****	.05	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.2	*****		*****	.046	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	88	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	92	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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ID0020800	002-A
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DMR Mailing ZIP CODE: 83856
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(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ID0020800	002-A
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MONITORING PERIOD	
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DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.
Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.
W = weekly limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: PRIEST RIVER, CITY OF
ADDRESS: 401 RAILROAD AVE
PRIEST RIVER, ID 83856
FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	16.5	17				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12.6	*****		*****	6.9	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	126.4	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	16.6	*****		*****	12.6	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	12.78	*****		*****	12.6	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.6	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ID0020800	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	8	*****		*****	9.1	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19.9				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.228				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.01				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	59.2	727				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.219		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
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PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
TO PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.3	*****		*****	.052	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.05	*****		*****	.05	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	95	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	94	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP
LOCATION: 401 RAILROAD AVENUE
PRIEST RIVER, ID 83856
ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83856
MINOR \$
(SUBR 01)
PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

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DISCHARGE MONITORING REPORT (DMR)

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PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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PEND OREILLE RIVER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		When Discharging	VISUAL

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